



Board of Directors

Chair

Nathan McCowan
President/CEO St. George
Tanaq Corp.

Vice-Chair

Charles W. Totemoff
President/CEO
Chenega Corporation

Secretary

Nancy Andrew
President/CEO
St Mary's Native Corp.

Treasurer

Jana Turvey
President/CEO
Leisnoi, Inc.

Board Members

Curtis McQueen
President/CEO
Eklutna Inc.

Ron Philemonoff
Chairman/CEO
Tanadgusix Corp.
(TDX)

Dorothy Shockley
President/CEO
Bean Ridge Native Corp.

Anne Thomas
President
Chitina Native Corp.

Roberta Quintavell
President/CEO
Sitnasuak Native Corp.

May 28, 2019

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

RE: DA-18-1226 (WC Docket/RM: 17-310): Wireline Competition Bureau Seeks Additional Comment on Determining Urban and Rural Rates in the Rural Health Care Program

Dear Commission:

The Alaska Native Village Corporation Association (ANVCA) appreciates the opportunity to submit comments as you're proceeding to consider how to calculate support for services that are made possible through the Rural Health Care (RHC) program. We believe that financial stability and rate predictability of the RHC program is critical to the future of a technological field that is growing leaps and bounds and has the ability to dramatically transform health care access and improve health care outcomes for rural residents.

We represent 177 Village Corporations created under the Alaska Native Claims Settlement Act of 1971. The Association benefits over 150,000 Alaska Native Shareholders and impacts many more. ANVCA's mission is to promote Village Corporations' success and protection of Native lands.

For the 62 million Americans who live in rural and remote communities, access to quality health care is challenging. Rural Americans are more likely to be older, sicker and poorer than their urban counterparts; and delayed or nonexistent access to health care means they also tend to go without care longer for management of chronic diseases like diabetes, COPD, and high blood pressure.

States with large rural areas do not seek telehealth services as an add-on to existing health options, in often cases, it is the sole option to health care services. Having a modern financing formula is a must to support technological advancements in healthcare; as well as other fields like education and information services.

As you are well aware, rural areas lag behind their urban counterparts in having access to the 25 megabits per second downstream/3 megabits per second upstream broadband connection service recommended minimum for viable telemedicine services; and telemedicine demands are continually expanding and evolving.

Unfortunately, the approach adopted by the Commission in 1997 has not kept pace with the technological capabilities and demands that exist in the marketplace now; in most cases, the types of technological advances that exist now are outside of the scope of those use cases that were discussed more than 20 years ago.

**Board of Directors****Chair**

Nathan McCowan
President/CEO St. George
Tanaq Corp.

Vice-Chair

Charles W. Totemoff
President/CEO
Chenega Corporation

Secretary

Nancy Andrew
President/CEO
St Mary's Native Corp.

Treasurer

Jana Turvey
President/CEO
Leisnoi, Inc.

Board Members

Curtis McQueen
President/CEO
Eklutna Inc.

Ron Philemonoff
Chairman/CEO
Tanadgusix Corp.
(TDX)

Dorothy Shockley
President/CEO
Bean Ridge Native Corp.

Anne Thomas
President
Chitina Native Corp.

Roberta Quintavell
President/CEO
Sitnasuak Native Corp.

The fact is that rural Americans struggle with primary care health professional shortages, longer travel distances, and higher rates of preventable deaths compared to their urban counterparts.

The urban to rural comparison sounds equitable, but often fails to take into consideration that competition and innovation often come to rural areas years behind their urban counterparts, if ever, without reliable and continuous resource investments by public and private sources. These challenges are especially evident in rural Alaska where residents live in the most remote communities in the nation and where accessing quality healthcare and medical specialists can be particularly challenging.

Given the pace of technological advancements that we are witnessing in 2019, and anticipating in future years, the RHC funding program itself cannot be rigid or mired in yesterday's view of the market or the services. We believe that having rates that are competitively bid are the most accurate and administrable way to assess the cost of service provision in an area.

This allows for rates that are based on the service demands of the day and the planned investments for tomorrow, to ensure that there is stability in healthcare, education, employment options and opportunities in rural areas.

The Rural Health Care program at the FCC is a great start, but it too needs to not only keep current with health care needs in rural areas, but also allow rural health care providers to plan for future needs and not stand in the way of growth and innovation for rural Americans.

We thank you for this opportunity to submit our comments on this important issue to many rural Americans. If you would like additional information, please contact ANVCA (contact info listed below)

Respectfully,

Hallie L. Bissett
Executive Director
(907) 222-5258
hbissett@anvca.biz

ANVCA is a 501 (c) 6 nonprofit organization.
Our federal tax id is: 26-1698277